

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90238 017 ***150.00

DOCUMENT # P04000066061 1. Entity Name GOLDSTAR STONE CORP.					
Principal Place of Business 416 COMMERCE WAY SUITE 160 LONGWOOD, FL 32750			Mailing Address 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 456 RACCOON ST.		3. Mailing Address 456 RACCOON ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE MARY, FL		City & State LAKE MARY, FL		4. FEI Number 20-1143035	
Zip 32746		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32746		Country SEMINOLE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANDRADE, ARGEMIRO O 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name ANDRADE, ARIVANY Street Address (P.O. Box Number is Not Acceptable) 456 RACCOON STREET City LAKE MARY FL Zip Code 32746		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Argemiro O Andrade</i></u> Per. 03/2007 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ANDRADE, ARIVANY C <input type="checkbox"/> Delete STREET ADDRESS 416 COMMERCE WAY #160 CITY-ST-ZIP LONGWOOD, FL 32750	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>				
TITLE VP NAME ANDRADE, ARGEMIRO O <input checked="" type="checkbox"/> Delete STREET ADDRESS 416 COMMERCE WAY #160 CITY-ST-ZIP LONGWOOD, FL 32750	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Argemiro O Andrade</i></u> Per. 03/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					